

HEALTH CARE AGENCY

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PUBLIC HEALTH EPIDEMIOLOGY & ASSESSMENT

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SARS Alert

To: **Emergency Departments**

Infection Control Practitioners

Physicians

From: Hildy Meyers, MD, MPH, Medical Director of Epidemiology

SARS

On January 5, 2004, the Chinese Ministry of Health and the World Health Organization (WHO) announced laboratory confirmation of Severe Acute Respiratory Syndrome (SARS) in a 32-year-old male television producer in Guangdong Province, China. The source of his infection has not been identified. Two additional suspected SARS cases have also been reported in Guangdong; SARS testing is pending. Contacts of these patients have been followed and, thus far, no illness has been reported among them. There is no known epidemiological link between these patients. WHO and the federal Centers for Disease Control and Prevention (CDC) have not issued any new travel alerts or advisories at this time.

We ask that you maintain a greater index of suspicion for SARS in patients who:

require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS)

AND

have (in the 10 days before onset of illness) a history of travel to **Guangdong Province**, China, or close contact with someone ill who had traveled there.

Accordingly, for any patient who meets these criteria, we recommend the following actions:

- 1) Immediately isolate the patient using precautions appropriate for SARS (i.e., contact and airborne precautions). Notify your Infection Control Practitioner. If no other pathogen is identified to explain the illness, isolation should be continued until 10 days after fever resolution and improvement of cough.
- 2) Immediately report the patient to Orange County Public Health (714-834-8180; after hours Sheriff Communications at 714-628-7008). We may want to test the patient for SARS. We will also follow up on close contacts of the patient.
- 3) Continue the workup of the patient for other viral and bacterial pathogens.
- 4) Evaluate close contacts of the patient who may be present or visit the patient in the hospital and persons who provided care to the patient for symptoms consistent with SARS. Monitor health care workers daily for fever (T > 100.4 F or > 38 C) or respiratory symptoms (cough, shortness of breath, or difficulty breathing) for 10 days after last exposure to the patient. These contacts may continue with their daily activities and work routines as long as they don't have any fever or respiratory

symptoms. Contacts who develop fever or respiratory symptoms should be asked to stop going to work or school and should be medically evaluated and reported to us immediately.

SARS should also be considered in the differential diagnosis of patients who have required hospitalization for radiographically confirmed pneumonia or ARDS and had no identifiable etiology after 72 hours of hospitalization AND who had one of the following risk factors in the 10 days before the onset of illness:

- Travel to mainland China (outside of Guangdong Province), Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR
- Employment in an occupation associated with a risk for SARS Coronavirus exposure (e.g., healthcare worker with direct patient contact), OR
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis (infection control
 practitioners and other health care professionals should be alert to pneumonia clusters among health
 care workers in the same facility).

These recommendations could change depending on whether additional cases are laboratory-confirmed. If you have questions about these latest SARS surveillance recommendations, please call 714-834-8180. The latest SARS information is posted on the CDC website at: http://www.cdc.gov/ncidod/sars and the World Health Organization at: http://www.who.int/csr/sars/en/